

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000049761

FILED
Jan 15, 2004
Secretary of State

Entity Name: SURGICAL LASER SOLUTIONS,INC.

Current Principal Place of Business:

1660 NE LARK AVE
STUART, FL 34994 US

New Principal Place of Business:

642 SE STARFLOWER AVENUE
PORT ST. LUCIE, FL 34983 US

Current Mailing Address:

1660 NE LARK AVE
STUART, FL 34994 US

New Mailing Address:

PO BOX 7295
PORT ST. LUCIE, FL 34985 US

FEI Number: 65-1186456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YUNGER, JENNIFER L
1660 NE LARK AVE.
STUART, FL 34994 US

Name and Address of New Registered Agent:

YUNGER, JENNIFER L
642 SE STARFLOWER AVENUE
PORT ST. LUCIE, FL 34983 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JENNIFER YUNGER

01/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: YUNGER, JENNIFER L
Address: 1660 NE LARK AVE
City-St-Zip: STUART, FL 34994 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: YUNGER, JENNIFER L
Address: 642 SE STARFLOWER AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34983 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER YUNGER

P

01/15/2004

Electronic Signature of Signing Officer or Director

Date